



b. **Business Activity** (e.g. research and development, production, headquarters, etc.):

c. **Type of Product or Service** (e.g. pharmaceuticals, computer software, machine tools, etc.):

4. **Gross sales/Receipts**

Total Sales/Receipts \$ _____ Approximate % Sales in CT _____
Approximate % sales outside of CT _____ Approximate % Sales outside of US _____

5. **Ownership and subsidiaries**

Please attach as Exhibit "B" a list of the names, titles, and percent of ownership of all stockholders. If there are more than ten stockholders, list only those with 10% or more ownership. Also list all business organizations, including but not limited to, corporations, partnerships, limited partnerships, sole proprietors, trusts, and syndications which are subsidiaries or affiliates of the Applicant along with their address and the nature of their interest or connection. If the Applicant is a subsidiary or affiliate, then list the owning or holding organization and all subsidiaries or affiliates. If there are none, please so indicate.

6. **Company History**

Please provide a brief description of the company's history and attach it as Exhibit "C".

7. **Use of Funds:** Check off the items listed below that pertain to the Project (in accordance with the sources and uses of funds as described in the Business Assistance Proposal):

Personnel Costs

_____ Salaries
_____ Fringe Benefits
_____ Payroll taxes
_____ Other (describe) _____

General & Administrative

_____ Rent
_____ Employee training
_____ Legal/Accounting
_____ Consulting services
_____ Planning & marketing studies
_____ Other (describe) _____

Other Working Capital

_____ Accounts receivable
_____ Inventory
_____ Other (describe) _____

Capital Costs

_____ Machinery and equipment
_____ Appraisals
_____ Engineering/Architectural
_____ Environmental/Feasibility
_____ Land/Building acquisition
_____ New construction
_____ Leasehold improvements
_____ Legal/Accounting
_____ Computer equipment
_____ Computer software
_____ Office equipment
_____ Contingency
_____ Other (describe) _____

Other Costs

_____ Relocation costs
_____ Refinancing of debt
_____ Business support services
_____ Research and Development
_____ Other (describe) _____

8. Project narrative

Please attach a brief description as Exhibit "D"

9. Employment (*Full-time employment is a minimum of 35 hours per week as reported to the Department of Labor*)

Present Employment	Projected Employment Increase (2 yrs.)	Projected Employment Increase (5 yrs.)
Full Time: _____	Full Time: _____	Full Time: _____
Part Time: _____	Part Time: _____	Part Time: _____
Total _____	Total _____	Total _____

Of the present employment listed above, how many would be lost if the state did not provide the proposed funding? _____

10. Security/Collateral for DECD State Financial Assistance (Check appropriate)

____ Real Property ____ Corporate Guaranty ____ Machinery and Equipment
____ Personal Guarantee ____ Other: _____
____ Not required (Specify)

11. Defense Diversification

Is this a Defense Diversification Project ____ Yes ____ No

If yes, please complete the DECD Defense Diversification Form and attach.

CERTIFICATION

I, _____, the Authorized representative of _____, named in this application for financial assistance, do hereby certify under penalty of perjury that the information contained herein and attached hereto as exhibits is, to the best of my knowledge and belief, true, correct and complete, and that the State of Connecticut can rely upon these statements in determining whether to fund this project. I further understand and agree that I am under a continuing obligation to inform the Department of Economic and Community Development in writing of any corrections, omissions or material changes in this application and its exhibits. I also agree that the spending of funds will be in accordance with the Project Financing Plan and Budget.

Signature of authorized representative

Title

Date

Updated 10/98